

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 12-31-01.
- b. The request was received on 3-12-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. EOBs, and reaudits
 - d. TWCC 73 dated 12-31-01
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA
 - c. TWCC 73 dated 11-5-01
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-17-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-18-02. The response from the insurance carrier was received in the Division on 7-2-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The work status report for date of service 12/31/2001 was properly completed by Dr. in accordance to Rule 129.5. Part I: General Information is completed, Part II: Work status information indicates that the doctor will allow the employee to return to work as of 09/28/01 with the restrictions identified in PART III, which are expected to last through 02/2002, Part III: Activity restrictions is identified,

2. PART IV: Treatment/Follow-up appointment information was completed and the work status report was signed by the patient and Dr. himself on 12/31/01.”
2. Respondent: Letter dated 7-2-02:
 “The requester submitted work status reports for the claimant without providing legible documentation per TWCC rule [sic] 133.1 and without providing legible documentation to support a change in the claimant’s work status, a request from the carrier, or that the report was to [sic] related to an initial examination of the injured employee.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12-31-01.
2. The Carrier has denied the disputed service as reflected on the EOB as, “F-73 – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.”

Reaudit dated 2-13-02 reflected, “The Work Status Report (TWCC 73) was not properly completed therefore reimbursement was denied per TWCC Rule 129.5.

3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|---------------|---------------------|---------|-------|--------------------|------|------------------------------------|--|
| 12-31-01 | 99080-RR-73 | \$15.00 | \$-0- | F-73 | DOP | TWCC Rule 129.5; CPT Descriptor | <p>The Carrier has denied the disputed service as “F-73 – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.”</p> <p>After review of the November 2001 TWCC 73 and the December 2001 TWCC 73, it was determined that a change in the patient’s “LIFT/CARRY RESTRICTION” had occurred from November to December 2001.</p> <p>Therefore, filing of the TWCC 73 was complete and in accordance with TWCC Rule 129.5. Reimbursement is recommended in the amount of \$15.00.</p> |
| Totals | | \$15.00 | \$-0- | | | | The Requestor is entitled to reimbursement in the amount of \$15.00. |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$15.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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